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Bib Data Sheet

CONFIRMATION NO. 9366

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/717,877 | <b>FILING OR 371(c)<br/>DATE</b><br>11/20/2003<br><b>RULE</b> | <b>CLASS</b><br>345 | <b>GROUP ART UNIT</b><br>2629 | <b>ATTORNEY<br/>DOCKET NO.</b><br>555255012639 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/427,963 11/21/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* 02/20/2004**

|   |  |                                       |                                |                               |                                    |
|---|--|---------------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority<br>claimed<br>35 USC 119 (a-d)<br>conditions met<br>Verified and<br>Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | <b>STATE OR<br/>COUNTRY</b><br>CANADA | <b>SHEETS<br/>DRAWING</b><br>5 | <b>TOTAL<br/>CLAIMS</b><br>20 | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| Examiner's Signature <i>[Signature]</i>   |  | Initials <i>[Initials]</i>            |                                |                               |                                    |

**ADDRESS**

AIR MAIL

23577

**TITLE**

SYSTEM AND METHOD OF INTEGRATING A TOUCHSCREEN WITHIN AN LCD

|                                       |   |  |
|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>900 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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